

A briefing from the Association of Dental Groups on what the Government needs to do to solve the oral health crisis.

This briefing is on our “Six to Fix” policies for England’s Dental Deserts.

Government’s “new measures to improve access to dental care”

The ADG welcomed the new measures announced by the Government in November 2022¹ to improve access to dental care for patients including fairer payments to NHS dentists for more complex treatments and the announcement² of better “skills mix” to fully utilise the skills of all dental care professionals. However, if Ministers truly want to fully recover the backlog of care and sustain NHS dentistry in the years ahead we believe these must be combined with more substantive NHS reform of the “broken” UDA dental contract.

1. The problem

Put simply, too many people cannot access a dentist. Some areas in England, particularly poorer and more remote locations have extremely low access rates due to practices being forced to close to new patients, in many cases because they cannot fill staff vacancies. In August 2022 BBC Research³ of 7,000 dental practices revealed that 9 out of 10 NHS dental practices were not accepting new adult patients - confirming the lack of appointments across England.

The latest NHS dental statistics report published the same month showed that in England 44.8% of the child population were seen by an NHS dentist in the 12 months to March 2022⁴ – from a pre-pandemic comparable figure of 58.7% of the child population in the 12 months to March 2020⁵.

Last year, the ADG revealed the worst hit parts of England – those most at risk of becoming what we call “dental deserts.” NHS workforce figures published at a local Clinical Commissioning Group level were in the NHS Annual Dental Statistics Report August 2021⁶ and the table below contains the top 5 CCGs in England with the lowest number of dentists with NHS activity per 100,000 of population.

Area	Dentists with NHS activity (per 100,000 population)
North Lincolnshire CCG	32
North East Lincolnshire CCG	37
East Riding of Yorkshire CCG	37
Lincolnshire CCG	38
Norfolk & Waveney CCG	38

The latest workforce figures, published in the NHS Annual Dental Statistics Report August 2022⁷ show little has changed and confirm the continuing workforce crisis in these same areas. The table below gives the top 5 “Integrated Care Board” (ICBs) with the lowest number of dentists with NHS activity per 100,000 of population.

Area	Dentists with NHS activity (per 100,000 population)
Humber & North Yorks ICB (North Lincs)	31

¹ New measures to improve access to dental care - GOV.UK (www.gov.uk)

² B1802 First-stage-of-dental-reform-letter_190722.pdf ([england.nhs.uk](https://www.england.nhs.uk))

³ Full extent of NHS dentistry shortage revealed by far-reaching BBC research - BBC News

⁴ NHS Dental Statistics for England, 2021-22, Annual Report - NHS Digital

⁵ NHS Dental Statistics for England - 2019-20 Annual Report - NHS Digital

⁶ NHS Dental Statistics for England - 2020-21 Annual Report - NHS Digital Annexe 2, Table 2A

⁷ NHS Dental Statistics for England, 2021-22, Annual Report - NHS Digital Annexe 2, Table 2A

Humber & North Yorks ICB (NE Lincs)	34
Humber & North Yorks ICB (East Riding)	39
Lincolnshire ICB	39
Norfolk & Waveney ICB	40

Access in these areas cannot improve without building the workforce. These new figures for 2022 confirm the concerns of many MPs from the East of England that things are not getting better. Our own workforce survey of members has found that recruitment difficulties mean parts of England are becoming “*dental deserts*”, including Lincolnshire and the East Yorkshire coastline, Norfolk and Suffolk, Cornwall, Portsmouth and the Isle of Wight. Analysis by the Local Government Association⁸ also confirms our findings stating that “*a growing number of “dental deserts” across the country with more deprived or rural local authority areas having fewer NHS dentists than those in more affluent areas.*” **In Lincolnshire, perhaps the starkest example of a “dental desert” in England advertised vacancies for an NHS dentist have often remained unfilled for over a year.**

Solving the workforce crisis: “Six to Fix” to save dentistry

We believe that we urgently need more training places, dental contract reform and better use of the current workforce, plus easier routes into UK dentistry for highly trained overseas professionals:

1. Increase the number of training places in the UK

We need government to create a new dentist recruitment campaign backed by a target to increase the number of training places within the UK. We support a new dental school and proposals for “Centres for Dental Development” in the East of England – as many MPs are now calling for, to train more UK graduates where they are most needed due to the uneven geographical distribution of existing dental schools. This will start to help improve the medium to long-term picture.

2. Recognition of EU trained dentists

We need continued access to UK dentistry for EU-trained professionals, who made up 29.5% of new GDC registrants in 2021⁹. Nuffield Trust research¹⁰ has found a sharp drop since the EU referendum which has “*never recovered.*” Recognition of future EEA applicants’ professional qualifications under “interim arrangements” continues until the beginning of 2023¹¹ when a review begins. While we train up our own dentists (each takes five years), this recognition for future EEA applicants to the GDC register should continue.

3. Recognition of overseas qualifications

The Overseas Registration Examination (ORE) is taken by overseas dentists from outside the EEA coming to work in the UK to ensure they can meet the high clinical standards required here. It had been suspended for nearly two years during the pandemic and now has a backlog of 2,000 applicants, many already in the UK. Government has brought forward legislation¹² to reform the ORE but should also provide the GDC with the support needed to clear the backlog. Allowing Part 1 of the ORE to be taken in the candidate’s home country would also be hugely beneficial – a measure already allowed in testing for overseas doctors.

We should make much more of our links to Commonwealth countries. Before 2001, the UK had bilateral agreements with Commonwealth dental schools including Australia, Singapore, Hong Kong, and South Africa

⁸ NHS “dental deserts” persist in rural and deprived communities – LGA analysis | Local Government Association

⁹ Registration statistical report 2021 (gdc-uk.org)

¹⁰ Health and Brexit: six years on | The Nuffield Trust

¹¹ EEA-qualified and Swiss healthcare professionals practising in the UK - GOV.UK (www.gov.uk)

¹² Changes to the General Dental Council and the Nursing and Midwifery Council's international registration legislation - GOV.UK (www.gov.uk)

whose qualifications met UK standards¹³ and potential agreements should be explored again. Where needed, candidates could work in a “provisional registration” period of close supervision and training for a year before full registration with the GDC is granted; a measure already used by the General Medical Council for overseas doctors.

4. Simplify and speed up the process for dentists to get an NHS ‘performer number’

Once a candidate has passed the ORE there is a complex and lengthy process, often lasting over a year managed by Health Education England (HEE) to complete the Performer List Validation by Experience (PLVE) for overseas dentists to practice in the NHS. Each HEE region run PLVE differently, this can span application dates, processes. Whilst some improvements have been made one process for all regions would result in a better candidate experience and improved recruitment.

5. Allow whole teams to initiate treatments

The largest barrier to better use of the skill mix in NHS dentistry is that dental care professionals have been unable to open a course of treatment. The impact of this is that many dental practices are unable to fully utilise therapists, who can support with routine dental treatment (such as fillings) and prevention work, to the level appropriate to their training. This has been a waste of a highly trained workforce and we welcome the changes made by NHSE¹⁴ to remove the administrative barriers to better use of the whole workforce.

6. Reform the “broken” NHS UDA dental contract

The current NHS contract to deliver dental care, introduced in 2006 is widely acknowledged as broken and no longer fit for purpose. As acknowledged by MPs of all parties, it has perverse incentives that have seen dentists leaving NHS dentistry, with the workforce now at its lowest since 2016/17 and the major contribution to low morale in the profession. It is time for a new NHS contract that trusts the profession’s ability and skills to deliver wider access and preventative care. Whilst we welcome the Health & Social Care Committee Inquiry¹⁵ as a pathway to reform of the NHS contract there is currently flexibility within dental contracts to deliver much more “flexible commissioning” to meet local dental needs¹⁶. In some parts of England, notably NHS Yorkshire, Humber and the North East region this is being done successfully to meet the priorities of urgent needs and new patient access and we would encourage MPs to contact their NHS regional commissioners to encourage them to do more. This can deliver more patient care and access within the constraints of the current spending envelope.

In summary

Our recommendations are practical and can be delivered if there is the political will to do so. We believe that tackling access to NHS dentistry, which has been neglected for over 15 years, is a real opportunity for politicians to demonstrate “levelling up” healthcare in the country. We hope this briefing is helpful for you in debates and questions to Ministers. If you would like further information on any of the issues in our briefing please contact Lewis Robinson, Head of Policy and Public Affairs at lewis.robinson@theadg.co.uk

The Association of Dental Groups (ADG) is the trade association for large dental providers in the UK. ADG members represent group and community interest companies delivering a wide range of oral healthcare, be this commissioned through General Dental Contract (GDS) services, local authority and community oral healthcare programmes or private dentistry.

¹³ [Recognised overseas qualifications \(gdc-uk.org\)](https://www.gdc-uk.org/)

¹⁴ [B1802 First-stage-of-dental-reform-letter 190722.pdf \(england.nhs.uk\)](https://www.england.nhs.uk/wp-content/uploads/2022/01/b1802-first-stage-of-dental-reform-letter-190722.pdf)

¹⁵ [NHS dentistry - Committees - UK Parliament](https://www.parliament.uk/business/committees/committees-a-z/commons-select/health-and-social-care/)

¹⁶ [Coronavirus » NHS dental contract reform and arrangements letter \(england.nhs.uk\)](https://www.england.nhs.uk/wp-content/uploads/2022/01/coronavirus-nhs-dental-contract-reform-and-arrangements-letter.pdf)